

## DEPARTMENT OF HEALTH AND FAMILY SERVICES

Division of Supportive Living

DSL-468 (Rev. 08/2001)

## STATE OF WISCONSIN

SOS Desk (608) 266-9198

Statutory authority: S. 46-985(3)(f) and HSS 65.05(9)

Completion of this form meets the requirements of  
the State/County contract specified under the  
Wisconsin Statutes. S. 46.031(2)(c)(2).

## HSRS FAMILY SUPPORT PROGRAM MODULE

### Child & Family Information

**Screen 59 New or 84 Update**

<b>1</b> Worker ID			<b>2</b> Client ID			<b>3</b> MA Number / Social Security Number		
<b>4a</b> Last Name				<b>4b</b> First Name			<b>4c</b> MI	<b>4d</b> Suffix
<b>5</b> Birthdate (mm/dd/yyyy)		<b>6</b> Sex F M	<b>7a</b> Hispanic / Latino Y = Yes N = No	<b>7b</b> Race (Circle up to 5) A = Asian B = Black or African American P = Native Hawaiian or Pacific Islander I = American Indian or Alaska Native W = White				
<b>(Module Key: )</b>								
<b>8</b> Start Date		<b>9</b> End Date		<b>10</b> Closing Reason		<b>11</b> Alternate Care Type (Required if closing reason is 44) 1 Foster care 2 Group home 3 Child caring institution 4 Center developmentally disabled 5 Mental health institute 6 Nursing home		
<b>12</b> Client Characteristics			<b>13</b> Diagnosis					
<b>14</b> Assistance Needed for Personal Care 1 Child unable to help him / herself 2 Child needs assistance with some activities 3 Child does not need assistance				<b>15</b> Limitations in Mobility 1 Child cannot walk 2 Child needs assistance in walking 3 Child does not need assistance in walking				
<b>16</b> Limitations in Verbal Skills 1 Child is nonverbal 2 Child has very limited verbal skills 3 Child is fully verbal				<b>17</b> Limitations in Cognitive Abilities 1 Child has severe developmental delays 2 Child has moderate / mild developmental delays 3 Child has no cognitive delays				
<b>18</b> Emotional / Behavioral Issues 1 Child presents significant behavioral challenges 2 Child presents minor behavioral challenges 3 Child has no behavioral challenges				<b>19</b> Medical Needs 1 Apnea monitor 2 Gastrostomy / tube feed 3 Tracheotomy 4 Oxygen dependent 5 Heart monitor 6 Acute psychiatric episode 7 Ongoing medications 8 Degenerative disorder 9 Surgery this year 10 Hospitalization this year				
<b>20</b> Family ID		<b>21</b> Number of Caregivers		<b>22</b> Adopted Child Yes No		<b>23</b> Parent's Special Needs 1 Developmentally disabled 2 AODA 3 Mentally ill 4 Physically disabled 5 Medical condition		
<b>24</b> Income Range 1 0 - 10,000 2 10,001 - 15,000 3 15,001 - 20,000 4 20,001 - 30,000 5 30,001 - 40,000 6 40,001 +						<b>25</b> Family Cost Share		

**Screen 79****26** Has child returned from alternate care?☐ Yes ☐ No

If "Yes", enter alternate care type:

1 Foster care

2 Group home

3 Child caring institution

4 Center for developmentally disabled

5 Mental health institute

6 Nursing home

**27** Reporting Year

Registration 0000

**28** Has family considered out of home placement?

Yes

No

**29** Is family in a crisis situation?

Yes

No

Yes

No

Yes

No

Yes

No

Yes

No

Yes

No

Yes

No

Yes

No

Yes

No

	Yes	No	Yes	No
--	-----	----	-----	----

## EXPENDITURES FOR FAMILY SUPPORT SERVICES

<b>Screen 93 (Module Key: _____ )</b>								<b>30</b> Next Review Date 	
<b>31</b> Other Programs Used 1 AFDC      3 SSI      5 Katie Beckett 2 BCPN      4 SSI-E      6 Birth to 3			<b>32</b> Voluntary Resources 1 _____ 2 _____					<b>33</b> Target Group*  * Refer to deskcard	
Prog No.	<b>34</b> Subprogram	<b>35</b> Estimated Annual Costs	<b>36</b> Cost Code A - Add S - Subtract R - Replace	<b>37</b> Actual Costs	<b>38</b> Delivery mm    yyyy	<b>39</b> Service Start Date	<b>40</b> Service End Date	<b>41</b> Provider Number	
	A Architectural modification of home								
	B Child care								
	C Counseling / therapeutic resources								
	D Dental and medical care not otherwise covered								
	E Diagnosis and evaluation - specialized								
	F Diet, nutrition and clothing - specialized								
	G Equipment / supplies - specialized								
	H Homemaker services								
	I In-home nursing services - attendant care								
	J Home training / parent courses								
	K Recreation / alternative activities								
	L Respite care								
	M Transportation								
	N Utility costs - specialized								
	O Vehicle modification								
	P Other, as approved by DHFS								

**42** Subprogram P, text:

\* Refer to deskcard

